## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u> This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 11/28/2003 06980 TROUTMAN SANDERS LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. BANK OF AMERICA PLAZA, SUITE 5200 600 PEACHTREE STREET, NE ATLANTA, GA 30308-2216 (Depositor's name Pamela,J" Guthardt (Signature) (Date) FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE APPLICATION NO. ROGER SHEALY 42655/214299 3547 09/29/1999 09/408.068 TITLE OF INVENTION: COOKING APPLIANCE AND METHOD OF USE ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE SMALL ENTITY APPLN, TYPE 03/01/2004 NO \$1330 \$1330 nonprovisional ART UNIT CLASS-SUBCLASS **EXAMINER** 1761 426-231000 BECKER, DREW E 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the Ryan A. Schneider, Esq. names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Troutman Sanders LLP firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Wilmington, Delaware CFA Properties, Inc. individual corporation or other private group entity Please check the appropriate assignee category or categories (will not be printed on the patent); 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: 🖎 Issue Fee A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_ (enclose an extra copy of this form). ☐ Advance Order - # of Copies Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Ryan

5 kb 2004

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for	FY	2004	

ctive 01/01/03, patent fees are subject to annual revision

ant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$)1,330.00

Complete if Known				
Application Number	09/408,068			
Filing Date	29 September 1999			
First Named Inventor	SHEALY, Roger			
Examiner Name	Becker, Drew E.			
Art Unit	1761			
Attorney Docket No.	CHICK1			

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)								
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None		3. ADDITIONAL FEES		FEES							
Order			Large			Entity	<del>-</del>				
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Deposit Account		20-1	507			1051	130	2051	65	Surcharge - late filing fee or oath	1 aiu
Number						1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Domonia						1053	130	1053	130	Non-English specification	
Account Name TROUTMAN SANDERS LLP		1812	2,520	1812	2,520	For filing a request for ex parte reexamination					
		1804	920*	1804	920*	Requesting publication of SIR after Examiner action					
The Commissioner is authorized to: (check all that apply)				1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
_ · · · ·			1251	110	2251	55	Extension for reply within first month				
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any deficiency in fees				1252	420	2252	210	Extension for reply within second month			
☐ Charge fee(s) indicated below, except for the filing fee to the			1253	950	2253	475	Extension for reply within third month				
above-identified deposit account.			1254	1,480	2254	740	Extension for reply within fourth month				
FEE CALCULATION  1. BASIC FILING FEE				1255	2.010	2255	1,005	Extension for reply within fifth month	·		
Large En	ıtity	Small	Entit	•		1401	330	2401	165	Notice of Appeal	
	'ee \$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1402	330	2402	165	Filing a brief in support of an appeal	
	70	2001	385	Utility filing fee		1403	290	2403	145	Request for oral hearing	
	40	2002	170			1451	1,510	1451	1,510	Petition to institute a public use proceeding	
	30 70	2003 2004	265 385	Plant filing fee Reissue filing fee		1452	110	2452	55	Petition to revive - unavoidable	
Į.	60	2005	80	Provisional filing fee		1453	1,330	2453	665	Petition to revive - unintentional	
			SUB'	ГОТАL (1) (\$)	0.00	1501	1,330	2501	665	Utility issue fee (or reissue)	1,330.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			1502	480	2502	240	Design issue fee				
			Ex	tra Claims - Fee fro belov		1503	640	2503	320	Plant issue fee	
Total Claims			20**			1460	130	1460	130	Petitions to the Commissioner	
Independent Cl	laims		- 3**	= x		1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Multiple Deper		•	_		=	1806	180	1806	180	Submission of Information Disclosure Strnt	
Large Ent	<del></del>	Small Fee	Entity Fee	- Fee Descri	ntion	8021	40	8021	40	Recording each patent assignment per property	
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1202 18		2202	9	Claims in excess of 20		1810	770	2810	385	1.129(a)) For each additional invention to be examined	
1201 80 1203 29	_	2201 2203	43 145	Independent claims in a Multiple dependent claim						(37 CFR § 1.129(b)	
1203 29		2204	43	** Reissue independer		1801	770	2801	385	Request for Continued Examination (RCE)	
1205 14		2205	0	original patent	of 20 ond	1802	900	1802	900	Request for expedited examination of a design application	
1205 18	8	2205	9	** Reissue claims in ex over original patent	cess of 20 and	Other fee	ı specify) e	)			
	'		SIII	BTOTAL (2) (\$)	0.00		ed by Bas		Fee Paid	SUBTOTAL (3) (\$)	1,330.00
**or number previously paid, if greater; For Reissues, see above											

SUBMITTED BY		Complete (if applicable)				
Name (Print/Type)	Ryan A. Schneider	Registration. No. (Attorney/Agent)	45,083	Telephone	404-885-2773	
Signature	Kyalszvvvv			Date	05 February 2004	

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